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Bib Data Sheet

**CONFIRMATION NO. 8570**

<b>SERIAL NUMBER</b> 09/982,359	<b>FILING OR 371(c) DATE</b> 10/18/2001 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> 1303 DIV CON	
<b>APPLICANTS</b> James F. McGuckin JR., Radnor, PA; <b>** CONTINUING DATA *****</b> This application is a CON of 09/838,722 04/19/2001 PAT 6,589,252 which is a DIV of 09/122,185 07/23/1998 PAT 6,280,450 which claims benefit of 60/053,664 07/24/1997 <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 11/07/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> Neil D. Gershon Rex Medical 1011 High Ridge Road Stamford ,CT 06905					
<b>TITLE</b> BREAST SURGERY METHOD AND APPARATUS					
<b>FILING FEE RECEIVED</b> 904	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		